Behavioral Health

NCPH

**North Carolina
Public Health**

Behavioral Health Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Behavioral Health

- Demonstrate how to accurately assign ICD-10-CM codes to conditions that are seen in behavioral health

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course

- **Code Range: Z00~Z99**

- Z codes represent reasons for encounters

- CPT code must accompany Z codes if a procedure is performed

- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as 'diagnoses' or 'problems'
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Encounter for issue of repeat prescription
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Personal history of physical and sexual abuse

- Z codes are for use in any healthcare setting

- Depending on circumstances of the encounter, Z codes may be used as either

  - a first-listed code; **or**

  - secondary code

- Certain Z codes may <u>only</u> be used as first-listed

Content

Chapter 21 contains the following block – 1ˢᵗ character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

- **Status Codes**
  - Indicate a client is either
    - carrier of a disease **(Z21 Asymptomatic HIV infection status)**
    - has the sequelae/residual of a past disease/condition **(Z93.3 Colostomy status)**
  - Include such things as the presence of prosthetic or mechanical devices resulting from past treatment **(Z97.0 Presence of artificial eye)**
  - Are informative - the status may affect the course of treatment and its outcome
    - **Z33.1 Pregnant state, incidental**
    - **Z78.1 Physical restraint status,**
      - May be used when it is documented by the provider that a client has been put in restraints during the current encounter
      - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure
  - Are distinct from history codes which indicate the client no longer has the condition **(Z86.11-Personal history of tuberculosis)**

Factors influencing health status **and contact with health services**
Coding Guidelines

- **Status Z codes/categories are:**
  - Z79 Long-term (current) drug therapy - Indicates a client's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
    - It is **not** for use for clients who have addictions to drugs
    - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
      - Assign the appropriate code for the drug dependence instead
  - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)

- **History (of) – Personal and Family**
  - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
    - Has the potential for recurrence, and therefore may require continued monitoring
    - Personal history codes may be used in conjunction with **follow-up codes**
  - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
    - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
  - History codes are acceptable on any medical record regardless of the reason for visit
    - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered

- **History (of) Z codes/categories are:**
  - Z80 Family history of primary malignant neoplasm
  - Z81 Family history of mental and behavioral disorders
  - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
  - Z83 Family history of other specific disorders
  - Z84 Family history of other conditions
  - Z85 Personal history of malignant neoplasm
  - Z86 Personal history of certain other diseases
  - Z87 Personal history of other diseases and conditions
  - Z91.4- Personal history of psychological trauma, not elsewhere classified
  - Z91.5 Personal history of self-harm
  - Z91.8- Other specified personal risk factors, NEC (Except Z91.83)
  - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)

- **Screening**
  - Testing for disease or disease precursors in <u>seemingly well</u> individuals so early detection and treatment can be provided for those who test positive for the disease **(Z13.4 Encounter for screening for certain developmental disorders in childhood)**
  - Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
    - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
  - Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
  - Screening code is not necessary if the screening is inherent to a routine examination
  - In addition to the Z code, a procedure code is required to confirm that the screening was performed

Factors influencing health status **and contact with health services**
Coding Guidelines

- **Observation**
  - **Two observation Z code categories:**
    - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
    - Z04 Encounter for examination and observation for other reasons
      - Example: **Z04.6 Encounter for general psychiatric examination, requested by authority**
      - Except: Z04.9 Encounter for examination and observation for unspecified reason
  - Used in <u>very limited</u> circumstances
    - Person is observed for suspected condition that is <u>ruled out</u>
    - Administrative and legal observation status
  - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are <u>present</u>
    - In such cases, the diagnosis/symptom code is used

Factors influencing health status **and contact with health services**
Coding Guidelines

- **Follow-up**
  - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
    - They imply that the condition has been fully treated and no longer exists
    - Example, Z09 can be used for an examination following the completion of psychotherapy
    - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
      - Follow-up code is sequenced first, followed by the history code
  - A follow-up code may be used to explain multiple visits
  - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/ injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment

- **Counseling Z codes/categories:**
  - Z30.0~ Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6~ Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit

- **Routine and administrative examinations**
  - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
    - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
  - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
  - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
  - Some codes for routine health examinations distinguish between "with" and "without" abnormal findings
    - Code assignment depends on the information that is known at the time the encounter is being coded
    - When assigning a code for "with abnormal findings," additional code(s) should be assigned to identify the specific abnormal finding(s)

Chapter 21
Factors influencing health status **and contact with health services**
Coding Guidelines

- **Miscellaneous Z codes**
  - These codes capture a number of other health care encounters that do not fall into one of the other categories
    - May identify the reason for the encounter
    - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**
  - Z28 Immunization not carried out
    - Except: Z28.3, Underimmunization status
  - Z40 Encounter for prophylactic surgery
  - Z41 Encounter for procedures for purposes other than remedying health state
    - Except: Z41.9, Encounter for procedure for purposes other than remedying health state, unspecified

- **Miscellaneous Z codes/categories** (cont'd)
  - Z53 Persons encountering health services for specific procedures and treatment, not carried out
  - Z55 Problems related to education and literacy
  - Z56 Problems related to employment and unemployment
  - Z57 Occupational exposure to risk factors
  - Z58 Problems related to physical environment
  - Z59 Problems related to housing and economic circumstances
  - Z60 Problems related to social environment
  - Z62 Problems related to upbringing
  - Z63 Other problems related to primary support group, including family circumstances
  - Z64 Problems related to certain psychosocial circumstances
  - Z65 Problems related to other psychosocial circumstances

- **Miscellaneous Z codes/categories** (cont'd)
  - Z72 Problems related to lifestyle
  - Z73 Problems related to life management difficulty
  - Z74 Problems related to care provider dependency
    - Except: Z74.01, Bed confinement status
  - Z75 Problems related to medical facilities and other health care
  - Z76.0 Encounter for issue of repeat prescription
  - Z76.3 Healthy person accompanying sick person
  - Z76.4 Other boarder to healthcare facility
  - Z76.5 Malingerer [conscious simulation]
  - Z91.1- Patient's noncompliance with medical treatment and regimen
  - Z91.83 Wandering in diseases classified elsewhere
  - Z91.89 Other specified personal risk factors, not elsewhere classified

- **Z Codes That <u>Only</u> be First-Listed Diagnosis**
  - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
  - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
  - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
  - Z02 Encounter for administrative examination
  - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
  - Z04 Encounter for examination and observation for other reasons
  - Z33.2 Encounter for elective termination of pregnancy
  - Z31.81 Encounter for male factor infertility in female patient
  - Z31.82 Encounter for Rh incompatibility status
  - Z31.83 Encounter for assisted reproductive fertility procedure cycle

- **Z Codes That May Only be First-Listed Diagnosis** (cont'd)
  - Z31.84 Encounter for fertility preservation procedure
  - Z34 Encounter for supervision of normal pregnancy
  - Z39 Encounter for maternal postpartum care and examination
  - Z38 Liveborn infants according to place of birth and type of delivery
  - Z51.0 Encounter for antineoplastic radiation therapy
  - Z51.1- Encounter for antineoplastic chemotherapy and immunotherapy
  - Z52 Donors of organs and tissues
    - Except: Z52.9, Donor of unspecified organ or tissue
  - Z76.1 Encounter for health supervision and care of foundling
  - Z76.2 Encounter for health supervision and care of other healthy infant and child
  - Z99.12 Encounter for respirator [ventilator] dependence during power failure

- **Questions?**

- **Scenario 1:** *61 year old man is found by police wandering the streets and talking to himself. A judge has ordered a psychiatric evaluation. No mental disorders are identified. The gentleman is living in a shack outside of town that does not have heat and he has no means of support other than panhandling. He has history of MI 5 years ago and smokes cigarettes when he can find them. He is referred to Social Services.*

- **Code Range: F01-Z99**

Includes: disorders of psychological development

Excludes2: symptoms, signs and abnormal clinical laboratory findings, not

elsewhere classified (R00-R99)

Chapter 5 contains the following blocks – 1st character is E

F01-F09	Mental disorders due to known physiological conditions	F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F10-F19	Mental and behavioral disorders due to psychoactive substance use	F60-F69	Disorders of adult personality and behavior
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	F70-F79	Intellectual disabilities
F30-F39	Mood [affective] disorders	F80-F89	Pervasive and specific developmental disorder
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
		F99	Unspecified mental disorder

- Mental disorders due to known physiological conditions (F01-F09)
  - Range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in:
    - cerebral disease
    - brain injury
    - other insult leading to cerebral dysfunction
      - The dysfunction may be:
        » Primary (as in diseases, injuries, and insults that affect the brain directly and selectively); or
        » Secondary (as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved)
  - This etiology can also lead to forms of dementia

- Mental and behavioral disorders due to psychoactive substance use (F10-F19)

  - Includes mental disorders related to excessive use of substances

  - Codes in this section identify the drug of choice and level of abuse or dependence

  - Selection of codes in this category for "in remission" require clinical judgment and must be included in the clinician's documentation

  - There are no separate "History" codes for alcohol and drug abuse

    - These conditions are identified as "in remission"

  - Codes for psychoactive substance <u>use</u> (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation

    - These codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider

- When clinician documentation refers to <u>use, abuse and dependence of the same substance</u> (e.g. alcohol, opioid, cannabis, etc.), **only one code** should be assigned to identify the pattern of use based on the following hierarchy:
  - If both use and abuse are documented, assign only the code for abuse
  - If both abuse and dependence are documented, assign only the code for dependence
  - If use, abuse and dependence are all documented, assign only the code for dependence
  - If both use and dependence are documented, assign only the code for dependence.

- There is a code for blood alcohol level (Y90.~) that can be assigned as an additional code when documentation indicates its use

- ## Mood [affective] disorders (F30-F39)

  - Characterized by <u>abnormal</u> emotional states such as Manic Episode, Bipolar Disorder, Major Depressive Disorder

  - Information needed may include

    - Current episode vs partial remission
    - Single or recurrent episode
    - Severity of the episode (e.g., mild, moderate, severe)
    - Associated psychotic symptoms

- ## Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48)

  - Phobic and other anxiety disorders
  - Obsessive-compulsive disorder
  - Reaction to severe stress, and adjustment disorders
  - Dissociative and conversion disorders
  - Somatoform disorders
  - Other nonpsychotic mental disorders

- If pain is exclusively related to psychological disorders, assign code F45.41, Pain disorder <u>exclusively</u> related to psychological factors

  - Codes in category G89, Pain, not elsewhere classified, cannot be used in conjunction with F45.41

- Code F45.42, Pain disorders with <u>related</u> psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain

F45.4 Pain disorders related to psychological factors

   Excludes1: pain NOS (R52)

   F45.41 Pain disorder exclusively related to psychological factors

      Somatoform pain disorder (persistent)

   F45.42 Pain disorder with related psychological factors

      Code also associated acute or chronic pain (G89.-)

- Behavioral syndromes associated with physiological disturbances and physical factors (F50-F59)
  - Eating disorders
  - Sleep disorders
  - Sexual dysfunction
  - Puerperal psychosis (postpartum depression)
  - Psychological and behavioral factors associated with disorders or diseases classified elsewhere
    - Code first – associated physical disorders
  - Unspecified behavior syndromes

- Disorders of adult personality and behavior (F60-F69)
  - Specific personality disorders
  - Impulse disorders
  - Gender identify disorders
  - Paraphilias (sexual perversions or deviations)
  - Other sexual disorders (includes sexual maturation disorder and sexual relationship disorder)
  - Other disorders of adult personality and behavior
  - Unspecified disorder of adult personality and behavior

- Intellectual Disabilities (F70-F79)

  - Formerly Mental Retardation

  - Code first any associated physical or developmental disorders

  - Coding exercise: If you have an 8 year old child with an IQ of 52 who had an extremely low birth weight of 900 grams and premature gestational age of 22 weeks:

    - What is first-coded?

    - What are the codes?

- Pervasive and specific developmental disorders (F80-F89)

  - Developmental disorders of speech and language

  - Developmental disorders of scholastic skills (e.g., Reading disorder)

  - Developmental disorders of motor function

  - Pervasive developmental disorders (e.g., Autistic disorder)

- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)

  - Codes in this range can be used regardless of client's age

    - Disorders may continue throughout client's life

    - May not be diagnosed until adulthood

  - Attention-deficit hyperactivity disorders

  - Conduct disorders

  - Tic disorders

Behavioral Health
True/False Quiz

1. Z codes are procedure codes

2. A status code is distinct from a history code

3. If a client with a history of alcohol dependence completes a questionnaire during an encounter and states he has had nothing to drink for the past 6 months, the clinician could code this as history of alcohol dependence.

4. If a client recently lost their spouse and states they are depressed, clinicians should code this as F32.9, Major depressive disorder, single episode, unspecified.

5. Codes in category, Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) can be assigned to adults.

Behavioral Health
Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	19 year old male seen for continued counseling for treatment of dependence on amphetamines.	
2	30 year old male with dependence on chewing tobacco presents to the clinic requesting assistance for cessation of chewing tobacco. He has been a chronic user of chewing tobacco since age 13 and now he wants to quit. Counseling on the options for chewing tobacco cessation was provided to the client.	
3	45 year old male is seen for individual psychotherapy as part of his long-term treatment for cluster B personality disorder. The client has been taking his monoamine oxidase inhibitor (MAOI) medication and reports he feels it has helped him manage his impulsive, overly emotional, and erratic behavior. The client has a history of alcohol dependence which is in remission.	
4	27 year old female is referred by the Maternal Health clinic for evaluation for postpartum depression. She has a newborn and two other children under age 5 and is feeling overwhelmed. It is determined she has postpartum dysphoria. She is referred for childcare counseling.	
5	43 year old female reports having episodes of increased forgetfulness including problems remembering recent events, the names of people and things, wandering off forgetting where she is going or how to return home. She is diagnosed with dementia due to early-onset Alzheimer's .	

Evaluation and Questions

Evaluation Forms are in your Workbook

Also located at:

http://publichealth.nc.gov/lhd/icd10/docs/training/Coding TrainingEvaluationFormforSept2014-Training.pdf

Submit Evaluation Forms and Questions to:

Sarah.Brooks@dhhs.nc.gov